ART B - FEE(S) TRANSMITTAL

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2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614			State	I hereby certary mat this Fee(s) fransmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.			
	IKVINE, CA 92	014					(Depositor's name)
							(Signature)
				L_			(Date)
	APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
	10/766,973	01/29/2004		Mohammad Kamarehi		MATRIX.026A	4337
TITLE OF INVENTION: HELIX COUPLED REMOTE PLASMA SOURCE							
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE

	nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/04/2007
	. EXAMINI	ER	ART UNIT	CLASS-SUBCLASS			
	PASCHALL, N	ARK H	3742	219-121430			
Ī	I. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363). ☐ Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form the Correspondence Address Town (Fee Address) and (Fee			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to		1 Knobb 2 Ocson	e Martens 4 BEAR

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNER AXCELIS ECHNOLOGIES, INC.

BEVERLY, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Comporation or other private group entity 🔲 Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
Issue Fee	A check is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit an
	overpayment, to Deposit Account Number (enclose an extra copy of this f

5. Change in Entity Status (from status indicated above)

20995

7590

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10/04/2006

a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office

Authorized Signature _ Typed or printed name Date 12-13-06

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